

STATE OF NEVADA
DEPARTMENT OF AGRICULTURE
350 Capitol Hill Avenue
Reno Nevada 89502-2923

APPLICATION FOR DEALERS LICENSE TO SELL RESTRICTED FERTILIZER

Application is hereby made for a permit to sell fertilizer which is classified as Restricted to consumers or users for calendar year ending December 31, 2005. Remittance payable to Nevada Department of Agriculture in amount of \$25.00 is enclosed herewith.

DEALER / COMPANY NAME & ADDRESS:

Dealer:

Attention:

Address:

Telephone:

Fax:

City:

E-Mail:

State: Zip:

AGENT(s) (Name & Location)

Phone

Fax

Email

I hereby certify that the information appearing on this application is true and correct; that each person licensed to sell Restricted Fertilizer to consumers or users will maintain and keep records for a period of 2 years on all sales of Restricted Fertilizer including all information required by NRS 588.295.

Signature_____

Date_____

Name_____

Title_____